

## PRIVACY IMPACT ASSESSMENT (PIA)

### For the

Active Duty Appointment Reporting Tool (ADART)	
US Army Medical Command - DHP Funded System	

#### **SECTION 1: IS A PIA REQUIRED?**

a. Will this Department of Defense (DoD) information system or electronic collection of	
information (referred to as an "electronic collection" for the purpose of this form) collect	ί,
maintain, use, and/or disseminate PII about members of the public, Federal personnel,	
contractors or foreign nationals employed at U.S. military facilities internationally? Choo	ose
one option from the choices below. (Choose (3) for foreign nationals).	

	(1) Yes, from members of the general public.
X	(2) Yes, from Federal personnel* and/or Federal contractors.
	(3) Yes, from both members of the general public and Federal personnel and/or Federal contractors.
	(4) No

- b. If "No," ensure that DITPR or the authoritative database that updates DITPR is annotated for the reason(s) why a PIA is not required. If the DoD information system or electronic collection is not in DITPR, ensure that the reason(s) are recorded in appropriate documentation.
- c. If "Yes," then a PIA is required. Proceed to Section 2.

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<sup>\* &</sup>quot;Federal personnel" are referred to in the DoD IT Portfolio Repository (DITPR) as "Federal employees."

# **SECTION 2: PIA SUMMARY INFORMATION**

a.	Why	Why is this PIA being created or updated? Choose one:					
		New DoD Informa	tion System	$\boxtimes$	New Electron	ic Collection	
		Existing DoD Info	rmation System		Existing Elect	ronic Collection	
		Significantly Mod System	ified DoD Information	n			
b. Ro	ls this outer i	s DoD informatio Network (SIPRNE	n system registere T) IT Registry?	d in 1	the DITPR or the	DoD Secret Internet Protocol	
		Yes, DITPR	Enter DITPR System	n Ider	ntification Number		
		Yes, SIPRNET	Enter SIPRNET Ider	ntifica	tion Number		
	$\boxtimes$	No					
by	section	on 53 of Office of	f Management and	Budg No	get (OMB) Circul	que Project Identifier (UPI), required ar A-11?	
	If "Y	es," enter UPI					
		If unsure	, consult the Componer	nt IT B	Budget Point of Conta	act to obtain the UPI.	
		this DoD informations Notice (SORN)?		ctror	nic collection rec	quire a Privacy Act System of	
	or law	acy Act SORN is requ ful permanent U.S. res ation should be consis	sidents that is <u>retrieved</u> b	stem o y nam	or electronic collection ne or other unique ide	n contains information about U.S. citizens ntifier. PIA and Privacy Act SORN	
		Yes		No			
	If "Yo	es," enter Privacy	Act SORN Identifier		A0040-66b DASG		
		Consult the Comp	assigned designator, no onent Privacy Office for cy Act SORNs at: http	r addit	tional information or		
		or					
	Date		approval to Defense component Privacy Office				

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	nis number indicates OMB approval to co gardless of form or format.	ollect data from 10 or more members of the public in a 12-month pe
]	Yes	
	Enter OMB Control Number	
	Enter Expiration Date	
3	No	
ıtho irem	rity to collect information. A Fed ent must authorize the collectio	deral law, Executive Order of the President (EO), or Do n and maintenance of a system of records.
	) If this system has a Privacy Act So ORN should be the same.	ORN, the authorities in this PIA and the existing Privacy Act
		rmation system or electronic collection to collect, use, mainta thorities are cited, provide all that apply.)
th	(a) Whenever possible, cite the operation of the system and the co	e specific provisions of the statute and/or EO that authorizes ellection of PII.
be a	e cited. An indirect authority may be	does not exist, determine if an indirect statutory authority car cited if the authority requires the operation or administration require the collection and maintenance of a system of record
		their general statutory grants of authority ("internal ty. The requirement, directive, or instruction implementing th ould be identified.
S 1 1 1 M M	upplement IV, Appendix 454, as amer 17, Sections 11131-11152, Reporting RICARE Program; 10 U.S.C. 1079, Co 079a, CHAMPUS; 10 U.S.C. 1086, Co lembers, and Their Dependents; E.O. lilitary Treatment Facilities (MTFs); Do 0A) Records; DoD 6010.8-R, Civilian F	10 U.S.C. 1071-1085, Medical and Dental Care; 50 U.S.C. aded, Persons liable for training and service; 42 U.S.C. Chapter of Information; 10 U.S.C. 1097a and 1097b TRICARE Prime an ontracts for Medical Care for Spouses and Children; 10 U.S.C. ontracts for Health Benefits for Certain Members, Former 9397 (SSN); DoD Instruction 6015.23, Delivery of Healthcare at D Directive 6040.37, Confidentiality of Medical Quality Assurance and Medical Program of the Uniformed Services Medical Record Administration and Health Care Documentation.
(C		
(C		

- g. Summary of DoD information system or electronic collection. Answers to these questions should be consistent with security guidelines for release of information to the public.
  - (1) Describe the purpose of this DoD information system or electronic collection and briefly describe the types of personal information about individuals collected in the system.

The ADART solution generates and sends by-name lists of pending and missed medical appointments to commanders with the ultimate goal of reducing the appointment no-show rates among active duty personnel. This initiative supports the requirement contained in the 28 May 2010, ALARACT #160/2010, SUBJECT: ALARACT VCSA SENDS ON PROTECTED HEALTH INFORMATION (PHI). The process requires a user/operator to utilize ad-hoc technology to manually extract the data from the Composite Health Care System, merge it into a database, and export the final product to the Soldier's commander. The ADART tool was developed at Winn Army Community Hospital, Fort. Stewart, Georgia, and is being deployed enterprise-wide Future plans include development of a software package that will amend/improve the current process through speed and usability. Information collected includes the Soldier's name, unit, and date/time of the appointment.

(2) Briefly describe the privacy risks associated with the PII collected and how these risks are addressed to safeguard privacy.

The privacy risks associated with the PII collected are unauthorized access, inaccurate information entered into the application, and unauthorized disclosure of PII. Security safeguards are in place to mitigate these risks.

h. With whom will the PII be shared through data exchange, both within your DoD Component and outside your Component (e.g., other DoD Components, Federal Agencies)? Indicate all that apply.

$\boxtimes$	Within the DoD Component.				
	Specify.	PII will be shared with personnel within the Army Medical Treatment Facilities and to the Commanders of the Army organizations where the Soldiers are assigned.			
	Other DoD (	Components.			
	Specify.				
	Other Feder	al Agencies.			
	Specify.				
	State and Lo	ocal Agencies.			
	Specify.				
	Contractor	(Enter name and describe the language in the contract that safeguards PII.)			
	Specify.	Some of the users are contractors. There is language in their contracts requiring compliance with the Privacy Act of 1974 and the Health Insurance Portability and			

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			(HIPAA) provisions for safeguarding PII.	
	Other (e.g	., commercial provide	ers, colleges).	
	Specify.			
	Specify.			
Do	individuals	have the opportu	unity to object to the collection of their PII?	
П	Yes		<b>⊠</b> No	
	(1) If "Yes,	" describe method	by which individuals can object to the collection of Pl	l
į				
	(2) If "No,"	state the reason w	rhy individuals cannot object.	
ī. ;		-4 disingle in the F	NII collection process for this tool	
lina	iividuais do n	ot participate in the F	PII collection process for this tool.	
Doi	individuale	have the opportu	nity to consent to the specific uses of their PII?	
Doi	individuals	have the opportu	nity to consent to the specific uses of their PII?	
Doi	individuals Yes	have the opportu ⊠	nity to consent to the specific uses of their PII?	
Doi				
	<b>Yes</b> (1) If "Yes,	⊠ " describe the metl	No nod by which individuals can give or withhold their co	nsent.
	<b>Yes</b> (1) If "Yes,	⊠ " describe the metl	No	nsent.
	<b>Yes</b> (1) If "Yes,	⊠ " describe the metl	No nod by which individuals can give or withhold their co	nsent.
	<b>Yes</b> (1) If "Yes,	⊠ " describe the metl	No nod by which individuals can give or withhold their co	nsent.
	<b>Yes</b> (1) If "Yes,	⊠ " describe the metl	No nod by which individuals can give or withhold their co	nsent.
	<b>Yes</b> (1) If "Yes,	⊠ " describe the metl	No nod by which individuals can give or withhold their co	nsent.
	Yes  (1) If "Yes, lividuals do n	describe the metlet ot participate in the F	No mod by which individuals can give or withhold their co PII collection process for this tool.	nsent.
	Yes  (1) If "Yes, lividuals do n	describe the metlet ot participate in the F	No nod by which individuals can give or withhold their co	nsent.
	Yes  (1) If "Yes, lividuals do n	describe the metlet ot participate in the F	No mod by which individuals can give or withhold their co PII collection process for this tool.	nsent.
	Yes  (1) If "Yes, lividuals do n	describe the metlet ot participate in the F	No mod by which individuals can give or withhold their co PII collection process for this tool.	nsent.
	Yes  (1) If "Yes, lividuals do n	describe the metlet ot participate in the F	No mod by which individuals can give or withhold their co PII collection process for this tool.	nsent.
	Yes  (1) If "Yes, lividuals do n	describe the metlet ot participate in the F	No mod by which individuals can give or withhold their co PII collection process for this tool.	nsent.

What information is provided to an individual when asked to provide PII data? Indicate all that ply.						
] Priv	acy Act Statement		Privacy Advisory			
] Oth	er	$\boxtimes$	None			
Describe ach pplicable ormat.	Individuals do not participate					

#### NOTE:

Sections 1 and 2 above are to be posted to the Component's Web site. Posting of these Sections indicates that the PIA has been reviewed to ensure that appropriate safeguards are in place to protect privacy.

A Component may restrict the publication of Sections 1 and/or 2 if they contain information that would reveal sensitive information or raise security concerns.

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